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May 7, 2003

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**GROUP: 1635**

**FAX NUMBER: 1-703-872-9306**

**ATTORNEY DOCKET NO.: RTS-0235**

**SERIAL NO.: 09/843,377**

**FILED: April 26, 2001**

**NUMBER OF PAGES: 7**  
(including this sheet)

**MESSAGE:** Attached is a Response to the Restriction Requirement dated April 8, 2003.

**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

\* \* \* \* \*

If you have any questions, or did not receive the proper number of pages, or had trouble during transmission, please call 856-810-1515.

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No.	
Applicant(s): Bennett and Watt				RTS-0235	
Serial No. 09/843,377	Filing Date April 26, 2001	Examiner Jon E. Angell	Group Art Unit 1635		
Invention: ANTISENSE MODULATION OF INTERFERON GAMMA RECEPTOR 2 EXPRESSION					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			Dated: May 7, 2003		
Signature					
<p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p>					
CC:					

